

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

ADDRESS (number and street)

409 12TH STREET, SW

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20024

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00364158

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

01

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

STACIE MONROE

Signature of Treasurer

Electronically Filed by STACIE MONROE

Date

02

08

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 32

Write or Type Committee Name

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 1 1

To:

M M
0 1D D
3 1Y Y Y Y
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2011		231135.44
(b) Cash on Hand at Beginning of Reporting Period	231135.44	
(c) Total Receipts (from Line 19)	43588.33	43588.33
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	274723.77	274723.77
7. Total Disbursements (from Line 31)	29953.75	29953.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	244770.02	244770.02
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 32

Write or Type Committee Name

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	34720.00	34720.00
(ii) Unitemized	8868.33	8868.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)	43588.33	43588.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	43588.33	43588.33
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	43588.33	43588.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43588.33	43588.33

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	453.75	453.75	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	453.75	453.75	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	29500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29953.75	29953.75	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29953.75	29953.75	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	43588.33	43588.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43588.33	43588.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	453.75	453.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	453.75	453.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

FOUAD M. ABBAS

Mailing Address 2411 WEST BELVEDERE AVENUE

City

BALTIMORE

State

MD

Zip Code

21215

FEC ID number of contributing
federal political committee.

C

Name of Employer
SINAI HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.20903

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

THADDEUS L. ANDERSON

Mailing Address 2350 SIMPSON STREET

City

DUBUQUE

State

IA

Zip Code

52003

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUBUQUE OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.20805

Amount of Each Receipt this Period

270.00

C.

Full Name (Last, First, Middle Initial)

THOMAS F. ARNOLD

Mailing Address 1145 14TH AVENUE WEST

City

DICKINSON

State

ND

Zip Code

58601

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL CENTER ONE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.20904

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

1530.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

COLLEEN P. BEGLEY

Mailing Address 2172 PINON CIRCLE

City

ERIE

State

CO

Zip Code

80516

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN'S HEALTH GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20971

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

ROBERT B. BEIM

Mailing Address 190 GREENBROOK ROAD

City

NORTH PLAINFIELD

State

NJ

Zip Code

07060

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.20883

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RANDOLPH B. BOURNE

Mailing Address 5020 BAKER AVENUE

City

SEATTLE

State

WA

Zip Code

98107

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUND WOMEN'S CARE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20972

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

JAMES T. BREEDEN

Mailing Address 1200 NORTH MOUNTAIN STREET

City

CARSON CITY

State

NV

Zip Code

89703

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARSON MEDICAL GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.20831

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

ALBERT L. BROOKS

Mailing Address 2000 MOWRY AVENUE

City

FREMONT

State

CA

Zip Code

94705

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.20858

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JONATHAN R. BROUGH

Mailing Address 8160 WALNUT HILL LANE

City

DALLAS

State

TX

Zip Code

75231

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN'S HEALTH SPECIALISTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.20931

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

DONALD K. BRYAN

Mailing Address 4361 SAWMILL ROAD

City

COLUMBUS

State

OH

Zip Code

43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
KINGSDALE GYNECOLOGIC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.20841

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MARY C. BURKE

Mailing Address 5506 NORTH LYDELL AVENUE

City

WHITEFISH BAY

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL COLLEGE OF WISCON-
SIN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.20905

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

LONNIE S. BURNETT

Mailing Address 78 CONCORD PARK WEST

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
VANDERBILT UNIVERSITY HOS-
PITAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20973

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

DONALD L. CALZOLAIO

Mailing Address Y298 STANDART WOODS

City

AUBURN

State

NY

Zip Code

13021

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. JOSEPH'S HOSPITAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.20871

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

PAMELA P. CARBIENER

Mailing Address 1890 LPGA BOULEVARD

City

DAYTONA BEACH

State

FL

Zip Code

32117

FEC ID number of contributing
federal political committee.

C

Name of Employer
HALIFAX OB/GYN ASSOCIATES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.20859

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOHN A. CARLSON, JR.

Mailing Address 128 BEDENS BROOK ROAD

City

SKILLMAN

State

NJ

Zip Code

08558

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. PETER'S UNIVERSITY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20974

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

CHRISTINE H. COMSTOCK

Mailing Address 3601 WEST 13 MILE ROAD

City

ROYAL OAK

State

MI

Zip Code

48073

FEC ID number of contributing
federal political committee.

C

Name of Employer

WILLIAM BEAUMONT HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.20906

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

PATRICK W. CONNELLY

Mailing Address 5171 CUB LAKE ROAD

City

SHOW LOW

State

AZ

Zip Code

85901

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.20932

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MARK S. DEFRANCESCO

Mailing Address 35 TERRELL FARM ROAD

City

CHESHIRE

State

CT

Zip Code

06410

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIANS FOR WOMEN'S HE-
ALTH

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.20875

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

WILLIAM J. DOBAK

Mailing Address 495 DEER POINT DRIVE

City

GULF BREEZE

State

FL

Zip Code

32561

FEC ID number of contributing
federal political committee.

C

Name of Employer
SACRED HEART HOSPITAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.20878

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

PATRICIA J. DOLHUN

Mailing Address 788 NORTH JEFFERSON STREET

City

MILWAUKEE

State

WI

Zip Code

53202

FEC ID number of contributing
federal political committee.

C

Name of Employer
MADISON MEDICAL AFFILIATES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.20958

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

MARYGRACE ELSON

Mailing Address 3661 FOXANA DRIVE

City

IOWA CITY

State

IA

Zip Code

52246

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF IOWA HEALTH
CARE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20975

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

ROBIN H. FOGLE

Mailing Address 4162 NORTH STRATFORD ROAD

City

ATLANTA

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTA CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20976

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RICHARD P. FRIEDER

Mailing Address 1245 16TH STREET

City

SANTA MONICA

State

CA

Zip Code

90404

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.20885

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

HARTAJ GILL

Mailing Address 401 EAST 34TH STREET

City

NEW YORK

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW YORK UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20977

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

LINDA GOODRUM

Mailing Address 5124 HIDDEN BROOK LANE

City

LEAGUE CITY

State

TX

Zip Code

77573

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20978

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

COLE D. GREVES

Mailing Address 3054 ASPEN LAKE DRIVE

City

BLAINE

State

MN

Zip Code

55449

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLINA HOSPITALS & CLINICS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.20809

Amount of Each Receipt this Period

270.00

C.

Full Name (Last, First, Middle Initial)

WESLEY W. HEDGES

Mailing Address P.O. BOX 677

City

TIFFIN

State

OH

Zip Code

44883

FEC ID number of contributing
federal political committee.

C

Name of Employer
PERSONAL TOUCH DELIVERIES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.20850

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

AMY E. HOFFMAN

Mailing Address 1738 WEST DIVERSEY PARKWAY

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN FIRST SPECIALISTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.20907

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JOHN C. JENNINGS

Mailing Address 120 LANAI DRIVE

City

ODESSA

State

TX

Zip Code

77573

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEXAS TECH UNIVERSITY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.20908

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

KETAN JOBANPUTRA

Mailing Address P.O. BOX 5310

City

VILLA PARK

State

IL

Zip Code

60181

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHICAGO INFERTILITY ASSOC-
IATES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.20851

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

DAHPNE L. JONES

Mailing Address 1536 CLAY AVENUE

City

RUSSELLVILLE

State

AL

Zip Code

35653

FEC ID number of contributing
federal political committee.

C

Name of Employer
AZALEA OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20979

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JOHNNIE E. JONES

Mailing Address 2590 EDMONDTON ROAD

City

FAYETTEVILLE

State

NC

Zip Code

28306

FEC ID number of contributing
federal political committee.

C

Name of Employer
JONES CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.20863

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

GERALD F. JOSEPH, JR.

Mailing Address 39288 MAGNOLIA TRACE

City

PONCHATOULA

State

LA

Zip Code

70454

FEC ID number of contributing
federal political committee.

C

Name of Employer
OCHSNER MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.20909

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

HAROLD A. KAMINETZKY

Mailing Address 26 YARMOUTH COURT

City

SCOTCH PLAINS

State

NJ

Zip Code

07076

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.20910

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

NARMADHA KUPPUSWAMI

Mailing Address 3825 HIGHLAND AVENUE

City

DOWNER'S GROVE

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST WOMEN'S OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.20837

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

LIZELLEN LAFOLLETTE

Mailing Address 599 SIR FRANCIS DRAKE BOULEVARD

City

GREENBRAE

State

CA

Zip Code

94904

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.20911

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)
DOUGLAS W. LAUBE

Mailing Address 2025 JEFFERSON STREET

City State Zip Code
MADISON WI 53711

FEC ID number of contributing
federal political committee.

C

Name of Employer
NATIONAL ACADEMY OF SCIENCES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.20810

Amount of Each Receipt this Period

270.00

B.

Full Name (Last, First, Middle Initial)
SUYANG LI

Mailing Address 32933 49TH PLACE, SW

City State Zip Code
FEDERAL WAY WA 98023

FEC ID number of contributing
federal political committee.

C

Name of Employer
FEDERAL WAY WOMEN'S HEALTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20980

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
DENNIS J. LUTZ

Mailing Address 433 7TH STREET, NW

City State Zip Code
MINOT ND 58703

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF NORTH DAKOTA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20981

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 19 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

HOWARD C. MANDEL

Mailing Address 10309 SANTA MONICA BOULEVARD

City

LOS ANGELES

State

CA

Zip Code

90025

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.20913

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

NANCY B. MATHEWS

Mailing Address 5208 DAVENPORT STREET

City

OMAHA

State

NE

Zip Code

68132

FEC ID number of contributing
federal political committee.

C

Name of Employer
METHODIST PHYSICIANS CLIN-
IC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.20915

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MARYANN E. MILLAR-KAVEY

Mailing Address 1200 EAST GENESEE STREET

City

SYRACUSE

State

NY

Zip Code

13210

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. JOSEPH'S HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20983

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

ROBERT D. MIXSON

Mailing Address 104 LAKESHORE DRIVE

City

ST. MARY'S

State

GA

Zip Code

31558

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.20960

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DAVID H. MOORE

Mailing Address 12505 RICHLANE DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46236

FEC ID number of contributing
federal political committee.

C

Name of Employer
GYNECOLOGIC ONCOLOGY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20984

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOEL G. MORANZ

Mailing Address 59 SLEEPY HOLLOW DRIVE

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer
CROZER KEYSTONE HEALTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.20917

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

CASEY M. MORRIS

Mailing Address 6373 HAMPSHIRE COURT

City

LISLE

State

IL

Zip Code

60532

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEST SUBURBAN OB/GYN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.20923

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MILINDA M. MORRIS

Mailing Address 1606 FAIRWAY DRIVE

City

CORINTH

State

TX

Zip Code

76210

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEXAS TECH UNIVERSITY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.20813

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

WADE A. NEIMAN

Mailing Address 1300 CRENSHAW COURT

City

LYNCHBURG

State

VA

Zip Code

24503

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN'S HEALTH SERVICES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20985

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

MICHAEL P. NIELSEN

Mailing Address 21615 SOUTH SHANNON LANE

City

WEST LINN

State

OR

Zip Code

97068

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN'S HEALTH CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.20842

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

KATHLEEN D. O'CONNOR

Mailing Address 518F 115TH STREET

City

FLUSHING

State

NY

Zip Code

11356

FEC ID number of contributing
federal political committee.

C

Name of Employer
QUEENS MEDICAL GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.20854

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

NISHA N. PATEL

Mailing Address P.O. BOX 70

City

MARION

State

NC

Zip Code

28752

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.20814

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

STEVEN W. REMMENG

Mailing Address 16995 PRINCETON ROAD

City

ADAMS

State

NE

Zip Code

68301

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF NEBRASKA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.20918

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JOHN P. SAUTER

Mailing Address 47 MORRISON HILL DRIVE

City

LITTLETON

State

NH

Zip Code

03561

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.20839

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MATTIE M. SCOTT

Mailing Address 8220 SOUTH SAGINAW STREET

City

GRAND BLANC

State

MI

Zip Code

48439

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRAND BLANC OB/GYN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.20943

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

BARRY D. SMITH

Mailing Address P.O. BOX 238

City

NORWICH

State

VT

Zip Code

05055

FEC ID number of contributing
federal political committee.

C

Name of Employer

DARTMOUTH HITCHCOCK CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20986

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

KIRSTEN M. SMITH

Mailing Address 6 CAPITOL PLACE

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHRISTIANA CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20987

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CHARLES M. STEDMAN

Mailing Address 18 IDLEWOOD PLACE

City

RIVER RIDGE

State

LA

Zip Code

70123

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN'S HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.20817

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

JOANNE L. STONE

Mailing Address 5 EAST 98TH STREET

City

NEW YORK

State

NY

Zip Code

10029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MT. SINAI MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.20961

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

LAURA R. STONE

Mailing Address 205 SOUTH WHITING STREET

City

ALEXANDRIA

State

VA

Zip Code

22304

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.20893

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JANETTE H. STRATHY

Mailing Address 3209 GALLERIA

City

EDINA

State

MN

Zip Code

55435

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARK NICOLLET CLINIC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20988

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

KAREN G. SWENSON

Mailing Address 1305 WEST 34TH STREET

City

AUSTIN

State

TX

Zip Code

78705

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN PARTNERS IN HEALTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.20865

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DOUGLAS J. THOMPSON

Mailing Address 11309 PENFIELD

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTER FOR REPRO MEDICINE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.20818

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

STEVEN A. THOMPSON

Mailing Address 10175 LEVON AVENUE

City

TRUCKEE

State

CA

Zip Code

96161

FEC ID number of contributing
federal political committee.

C

Name of Employer
TAHOE FOREST WOMEN'S CARE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.20867

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

ANDREW A. TOLEDO

Mailing Address 110 LAKE HEARN DRIVE

City

ATLANTA

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.20919

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

ROBERT L. TRUE

Mailing Address 5203 HERITAGE AVENUE

City

COOLEYVILLE

State

TX

Zip Code

76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.20934

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DONALD F. WEBER

Mailing Address 1400 BELLINGER STREET

City

EAU CLAIRE

State

WI

Zip Code

54702

FEC ID number of contributing
federal political committee.

C

Name of Employer
LUTHER MIDELFORT CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.20920

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

RICHARD A. WILLIAMS

Mailing Address 1334 WEST COVINA BOULEVARD

City

SAN DIMAS

State

CA

Zip Code

91773

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.20856

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MARY C. YANKASKAS

Mailing Address 1265 VISCAYA BOULEVARD

City

CAPE CORAL

State

FL

Zip Code

33990

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIANS PRIMARY CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.20938

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOAN H. ZEIDMAN

Mailing Address 5038 BRITTANY LANE

City

BRYN MAWR

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRYN MAWR WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20989

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

34720.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City
OMAHA

State
NE

Zip Code
68197

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.20799

Date of Disbursement

/ /

Amount of Each Disbursement this Period

312.38

SUBTOTAL of Disbursements This Page (optional)

312.38

TOTAL This Period (last page this line number only)

312.38

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 32

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial) CLEAVER FOR CONGRESS	Transaction ID: SB23.20801 Date of Disbursement
Mailing Address 4801 MAIN STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div>
City KANSAS CITY State MO Zip Code 64112	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name EMANUELI CLEAVER, II	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CONYERS FOR CONGRESS	Transaction ID: SB23.20969 Date of Disbursement
Mailing Address 1831 BAY STREET, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>5000.00</div>
Candidate Name JOHN CONYERS, JR.	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS	Transaction ID: SB23.20966 Date of Disbursement
Mailing Address P.O. BOX 1738	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City SACRAMENTO State CA Zip Code 95812	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name DORIS MATSUI	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)

01 / 26 / 2011

State: NJ District: 00

01 / 26 / 2011

State: District:

State: ME District: 00

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 11586

City
WASHINGTON

State
DC

Zip Code
20008

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.20901

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City
ST. JOSEPH

State
MI

Zip Code
49085

Purpose of Disbursement
CONTRIBUTION

Candidate Name
FREDERICK S. UPTON

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 06

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.20899

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

29500.00